

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000004571

1. Corporation Name

**SUNCOAST NAPLES FLORIDA CONGREGATION OF
JEHOVAH'S WITNESSES**

2. Principal Office Address

222 Sable Lake Drive

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34104

Country

U.S.

3. Mailing Office Address

222 Sable Lake Drive

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34104

Country

U.S.

FILED

01 OCT 24 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100004672371--3
-11/08/01--01044--019
****245.00 ****245.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/10/1998

5. FEI Number

59-3304836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph Gorra

Street Address (P.O. Box Number is Not Acceptable)

222 Sable Lake Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34104

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joseph Gorra

REGISTERED AGENT MUST SIGN

Date

10/21/2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Joseph Gorra	222 Sable Lake Drive	Naples, FL 34104
VD	John M. Rice	5419 25th Place SW	Naples, FL 34116-7501
STD	Robert Bogart	691 16th Ave NE	Naples, FL 34120

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joseph Gorra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/2001

Daytime Phone #

CP2E001 (9/00)